

2	Total Number of Vehicles	Local No./ District 081	Agency Case No. B3-113988	HIT & RUN? <input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	1	
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y Y Y 1 2 / 1 0 / 2 0 1 3	S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT 1 5 1 5	STATE USE ONLY		
A2	PLACE OF ACCIDENT	COUNTY L A N C A S T E R	POLICE NOTIFIED 1 5 4 7	PRIVATE PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	LATITUDE		
B	30	CITY L I N C O L N	ONE-WAY STREET? <input checked="" type="radio"/> YES <input type="radio"/> NO	LONGITUDE			
C	1	ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 1313 M Street	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
D	1	DISTANCE FROM MILEPOST N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY	IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
V1/M	20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M		MILES N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AND MILES N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OF NEAREST CITY OR TOWN			
E	1	R. WORK ZONE CODES R1 R2 R3 R4 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO			
F	2	VEHICLE NO. 1					
V1/N	1	DRIVER LICENSE NO. H 1 2 3 8 4 2 7 2	STATE (Of License) N E	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V2/N		DRIVER N I C O L L E A M U R R Y	PHONE (402) 540 - 7038	LOCAL NO.			
G	1	DRIVER ADDRESS 300 S. 26TH ST, LINCOLN NE 68503	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY) 04/23/1979		V1/1 18	
H	5	OWNER J E N N I F E R L W A L L (10-29-71)	PHONE (402) 802 - 1189	LOCAL NO.		V1/2	
V1/O	2	OWNER ADDRESS 14618 Hwy 1, Weeping Water NE, 68463	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB403835	V1/3	
V2/O		LICENSE PLATE NO. 20 - Y 5 3 6	YEAR (Plate Expires) 2014	STATE (Of Plate) N E		V1/4	
V1/P	8	VEHICLE 2003 LINCOLN AVIATOR SUV	COLOR BLACK	ESTIMATED DAMAGE <input type="radio"/> TOTAL \$ 800		V1/5	
V2/P		VEHICLE ID NO. (VIN) 5 L M E U 7 8 H 7 3 Z J 2 8 4 9 7	INSURANCE COMPANY Progressive	POLICY NO. 900385110		V1/6 15	
J	02	VEHICLE NO. 2					
V1/Q	3	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE			
V2/Q	4	DRIVER LEGALLY PARKED	PHONE () -	LOCAL NO.		V2/1 19	
K	01	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM/DD/YYYY) 1 1		V2/2	
		OWNER M A Y A T C H I L E S E (10-15-71)	PHONE (402) 416 - 1326	LOCAL NO.		V2/3	
		OWNER ADDRESS 1330 COTTONWOOD DR LINCOLN NE 68510	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/4	
		LICENSE PLATE NO. S K Y 4 8 2	YEAR (Plate Expires) 2014	STATE (Of Plate) N E		V2/5	
		VEHICLE 2007 PONTIAC TORRENT SUV	COLOR BLACK	ESTIMATED DAMAGE <input type="radio"/> TOTAL \$ 900		V2/6	
		VEHICLE ID NO. (VIN) 2 C K D L 6 3 F 8 7 6 1 0 8 3 8 6	INSURANCE COMPANY TRAVELERS	POLICY NO. 9891586551011		V2/7 15	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1 Seat Position	2 Eject	3 Body Region	
				4 Injury Sev.	5 Trans.	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1	2	3	
				4	5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.			
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1	2	3	
				4	5	SEX M F	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.			

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

Y CASE NO.
B3-113988



**Indicate
North
by Arrow**

1313 m St.

PRIVATE PARKING GARAGE

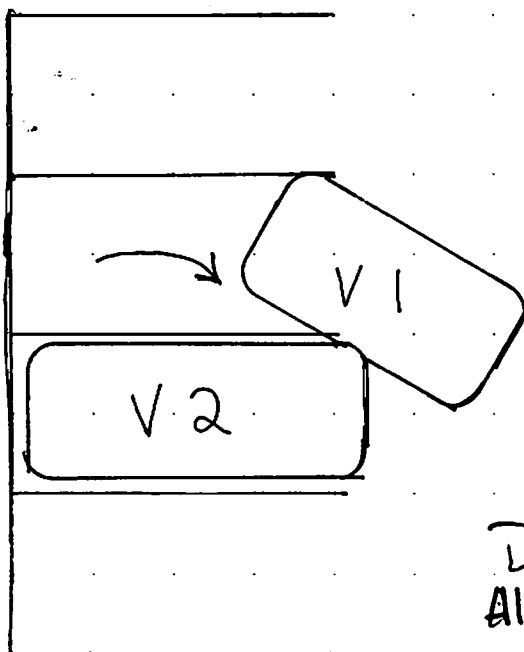


Diagram is not to scale
All measurements are approximate

V1 WAS PARKED ON THE 2ND LEVEL PARKING GARAGE. SHE PULLED OUT OF THE PARKING STALL AND TURNED TO FAR TO THE RIGHT CAUSING THE RIGHT SIDE OF HER VEHICLE TO COLLIDE WITH V2. CALKINS STATED THAT HE WITNESSED THIS EVENT. HE ALSO STATED THAT A W/F GOT OUT OF V1 BRIEFLY LOOKED AT THE DAMAGED SAID "I'M SORRY" THEN GOT BACK INTO HER VEHICLE AND EXITED THE GARAGE. CALKINS WAS UNAVAILABLE TO GET A LICENSE PLATE. DRIVER 1 RETURNED TO THE GARAGE THE NEXT DAY. DRIVER 1 ADMITTED TO HEARING A RUBBING NOISE, BUT DENIED SEEING DAMAGE.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$

WITNESSES	NAME	5-18-92	ADDRESS	PHONE
	Cameron C. Calkins		6100 VINE APT # C15, LINCOLN NE 68505	(402) 640-1299
	NAME		ADDRESS	PHONE
				() -

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)					AIRBAG DEPLOYED VEHICLE 1					RESTRAINT USE VEHICLE 1					TOTAL OCCUPANTS		VEH 1		VEH 2											
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																				Driver No. 1		Driver No. 2		Podiatric						
1			X		RT LOT					VEHICLE 1					VEHICLE 2					6					9					1		1		0	
2					RT LOT					POINT OF IMPACT 03					POINT OF IMPACT 08															Y		Y		Y	
1	0	5			06 Turning left					MOST DAMAGED AREA 03					MOST DAMAGED AREA 08															N		N		N	
2	1	0			07 Making U-turn																														
					08 Entering traffic lane																														
01 Essentially straight ahead					09 Leaving traffic lane					00 None					02					03					04										
02 Backing					10 Parked					09 Top & windows					01					05															
03 Changing lanes					11 Slowing or stopped in traffic					10 Undercarriage					08					07					06										
04 Overtaking/Passing					12 Other					11 Total (all areas)																									
05 Turning right					13 Unknown					12 Other																									
OFFICER NO.					TROOP/TEAM/BEAT					DEPARTMENT																				Photographs taken?		YES		NO	
1616 / 1728					Center 7A					LINCOLN POLICE DEPARTMENT																									
INVESTIGATOR NAME (Print or Type)					INVESTIGATOR SIGNATURE																									DATE OF REPORT		12/10/2013			
Cooper / PERKINS					[Signature]																														

0021 40 ✓ 12-20-13